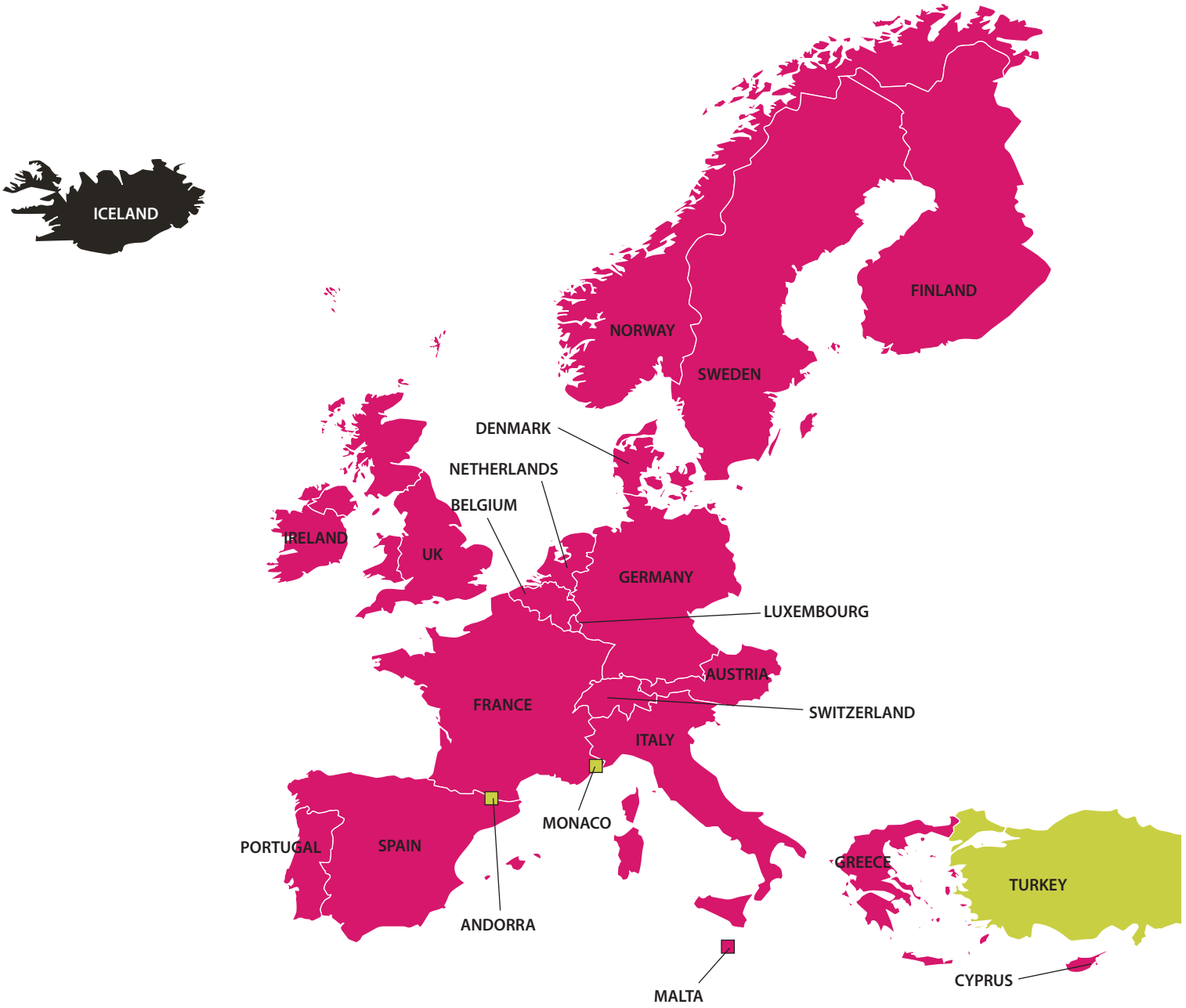
2.3 Regional Update: Western Europe



Map 2.3.1: Availability of needle and syringe exchange programmes (NSPs) and opioid substitution therapy (OST)

- Both NSP and OST available
- OST only
- NSP only
- Neither available
- Not Known

Table 2.3.1: Harm reduction in Western Europe

Country/territory with reported injecting drug use[a]	People who inject drugs[1]	Adult HIV prevalence amongst people who inject drugs[1]	Harm reduction response[2]		
			NSP[b]	OST[c]	DCR[d]
Andorra	nk	nk	x	x	x
Austria	17,500	7.1%	✓(27)	✓(B,M,O)	x
Belgium	25,800	4.3%	✓(34) (P)	✓(B,H,M)	x
Cyprus	305	0%	✓(1) (P)	✓(1) (B)	x
Denmark	15,416	2.1%	✓(135)	✓(B,H,M)	x
Finland	15,650	0.2%	✓(52)	✓(B,M)	x
France	122,000	12.2%	✓(416–2,014) (P)	✓(19,484) (B,M,O)	x
Germany	94,250	2.9%	✓(250)	✓(2,786–6,626) (B,H,M)	✓
Greece	9,720	0.5%	✓(4) (P)	✓(17) (B,M)	x
Iceland	nk	nk	x	✓(B,M)	x
Ireland	6,289	5.8%	✓(33) (P)	✓(332) (B,M)	x
Italy	326,000	12.1%	✓	✓(B,M)	x
Luxembourg	1,715	2.8%	✓(4)	✓(B,M,H,O)	✓
Malta	nk	nk	✓(7)	✓(≥2) (B,M)	x
Monaco	nk	nk	x	x	x
Netherlands	3,115	9.5%	✓(150) (P)	✓(B,H,M)	✓
Norway	10,049	3.2%	✓(22) (P)	✓(B,M)	✓
Portugal	32,287	15.6%	✓(27) (P)	✓(B,M)	x
Spain	83,972	39.7%	✓(1,271–1,458) (P)	✓(497–2,229) (B,H,M)	✓
Sweden	nk	5.4%	✓(2)	✓(B,M)	x
Switzerland	31,653	1.4%	✓(101) (P)	✓(B,H,M,O)	✓
Turkey	nk	2.65%	x	x	x
UK	156,398	2.3%	✓(1,523) (P)	✓(B,H,M)	x

nk = not known

a Information on injecting drug use and harm reduction was not available for Liechtenstein and San Marino.
b The number in brackets represents the number of operational NSP sites, including fixed sites, vending machines and mobile NSPs operating from a vehicle or through outreach workers. (P) = needles and syringes reported to be available for purchase from pharmacies or other outlets.
c The number in brackets represents the number of operational OST programmes, including publicly and privately funded clinics and pharmacy dispensing programmes. (B) = buprenorphine, (H) = heroin-assisted treatment, (M) = methadone and (O) = any other form (including morphine and codeine).
d Drug consumption room (DCR).

Harm Reduction in Western Europe

There are estimated to be approximately one million people who inject drugs in Western European countries.[1] HIV prevalence among people who inject drugs is below 10%, with the exception of France, Italy, Portugal and Spain.[1] Data show that Western European countries with good coverage of harm reduction programmes have seen 'especially pronounced' reductions in drug-related HIV transmission.[3] For example, whereas in Switzerland in the 1980s the majority of new HIV diagnoses were among people who inject drugs, in 2008 this figure was only 4%; in the Netherlands the figure was 5% in 2007.[3] Across the region, 8% of new HIV diagnoses in 2007 were among people who inject drugs.[4]

Harm reduction forms an integral component of both HIV and drug policy and programmes in most Western European countries. It is also emphasised at the regional level in the European Union's current drug strategy and action plan.[5] [6] In early 2010 almost every country with reported injecting drug use had key harm reduction interventions in place (the exceptions being Andorra, Monaco and Turkey). Several countries also include drug consumption rooms, syringe vending machines and the prescription of injectable opioid substitution therapy and diacetylmorphine (pharmaceutical heroin) among their harm reduction interventions.

There remains much variation in harm reduction coverage. Some countries, such as Cyprus and Greece, currently reach low proportions of injecting populations with sterile injecting equipment and opioid substitution therapy (OST). Even within countries with long-established services, large areas are not covered and constraints on funding pose barriers to increasing access to these services. Furthermore, other drug-related health harms, such as viral hepatitis and overdose, remain leading causes of death among people who inject drugs.

Many European governments provide bilateral support for harm reduction programmes in low- and middle-income countries and are among the most vocal in support of harm reduction in international fora. However, the 'common position' of EU states on harm reduction may be fragile and could waver, for example with changes in policies of member states. There is a need for increased civil society action, as well as continued government support, to keep Western Europe at the forefront of the harm reduction response.

Developments in harm reduction implementation

Needle and syringe exchange programmes (NSPs)

The majority of states with reported injecting drug use in Western Europe have NSP sites. In 2010 the countries without NSPs, where injecting had been reported, were Andorra, Iceland, Monaco and Turkey. Various service delivery models are used across the region, including stand-alone sites, those situated within drugs services, pharmacy-based NSPs and outreach (including peer outreach), although not all are used in all countries. Some countries also have vending machines[e] and mobile NSP sites.[7] The latest available data indicate that the number of operational NSP sites varies widely from less than five in Cyprus (where only one site exists and it is yet to receive government endorsement), Sweden, Luxembourg and Greece to up to 1,458 in Spain and 2,014 in France. The Netherlands is reported to have the most NSP sites per 1,000 people who inject drugs (50), followed by Spain (14.6) and the UK (10.7).[8]

Although data reporting systems are generally stronger in Western Europe than in most other regions, there is still a lack of available national data on the extent to which NSPs are utilised by people who inject drugs. This is partly due to a lack of harmonised indicators, incomplete information in some countries and an absence of reliable estimates of the prevalence of drug injecting.[f] [9]

According to the information available, the highest utilisation figures are from Finland, where 81% of people who inject drugs accessed NSPs in a year, the equivalent of 13,000 people.[2] However, this is a poor indicator for HIV prevention, as it includes people that may have only visited once in a year.

A more informative measure is the rate of syringe distribution. Several countries are reported to distribute sterile injecting equipment to coverage levels nearing or above 200 syringes per person injecting drugs per year, as recommended by UN agencies.[10] These include Norway, the country with the highest reported distribution in the world (434), Portugal (199), the UK (188) and Austria (176).[2]

Western Europe is often cited as having high harm reduction coverage, particularly when compared with most low- and middle-income countries,[11] [12] however, there is substantial room for improvement.[13] Several countries in this region have low NSP coverage, and even where higher coverage exists, funding, political support and legal restrictions often limit the service that can be provided.

Civil society organisations in the UK, for example, have recently engaged in a campaign for legal reform in order to allow the provision of foil for drug smoking at NSPs. Providing foil to people who inject drugs can be considered a route transition intervention, as it aims to encourage injectors to engage in less risky drug taking behaviour.[14] Spanish and Dutch NSPs already provide this service, along with many in the UK, some of which have had 'letters of comfort' from local law enforcement bodies stating that workers will not be prosecuted.

---

e Austria, Denmark, France, Germany, Italy and Luxembourg.
f More estimates are available for 'problem drug use', although definitions vary from country to country.

A recent welcome development is the vote by Stockholm City Council to introduce NSPs into the city, expected by the end of 2010.[15] Sweden has previously been criticised for its poor implementation of harm reduction measures, which in terms of needle and syringe provision consisted of two NSPs (neither in Stockholm) with 1,230 individual clients.[2] A further limiting factor for people who inject drugs trying to obtain sterile injecting equipment is that syringe sales remain illegal in Sweden. Although the most recent systematic review by the Reference Group to the United Nations on HIV/AIDS and Injecting Drug Use found no reliable estimate of the number of injecting drug users in the country, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) estimates there to be 26,000 people who use drugs problematically.[9] [16]

Drug consumption rooms (DCRs)

Drug consumption rooms are a largely European intervention and the region is home to all but two facilities worldwide. There are ninety operational DCRs across fifty-nine cities in the Netherlands, Germany, Luxembourg, Norway, Spain and Switzerland. These facilities, often part of another drug service, allow people to use drugs under the supervision of trained staff and without fear of arrest. Estimates show that these are well-utilised facilities, with tens of thousands of supervised consumptions reported in Luxembourg, Norway and in several German cities in 2007.[17] No additional countries have adopted DCRs as part of their harm reduction approach since 2008.

Opioid substitution therapy (OST)

The provision of methadone or buprenorphine as maintenance therapy is a common approach across the region, with only Andorra, Monaco and Turkey not employing this harm reduction intervention. New data indicate that at least one OST site operates in Iceland, with fifteen people receiving methadone maintenance therapy (MMT), although it is not clear when it was introduced. Buprenorphine is also available, however, there is a lack of information on the numbers being reached.[18]

In many Western European countries, the number of sites providing OST is not known. This may be partly due to the variety of service provision sites (including through general practitioners in France, Germany and the UK)[19] and a lack of national systems to compile information. Where data are available, provision ranges from as little as one site in Cyprus and two sites in Malta to between 497 and 2,229 sites in Spain, between 2,786 and 6,626 sites in Germany and 19,484 sites in France.[8]

The number of people receiving OST varies widely across the region, from small numbers in Iceland (fifteen people receiving MMT) and Cyprus (between nineteen and seventy-one people receiving buprenorphine from seven sites) to over 100,000 people receiving various forms of OST in the UK, France and Italy.[2] A recent analysis of OST coverage in European countries with estimates of the number of people with problem opioid use found that only Germany, Italy, Austria and Malta were meeting or exceeding the 40% deemed to be 'high coverage' by WHO, UNODC and UNAIDS.[10] [20] As in 2008, service access and uptake is limited by several factors, including strict policies and waiting lists for entry to programmes. In some countries, the cost to the individual acts as a barrier, as does the poor availability of 'take-home' doses.[9]

Western Europe offers a wider variety of OST options than other parts of the world. Almost all countries provide both methadone and buprenorphine for maintenance and some also offer slow-release codeine. Others include injectable OST among their drug treatment options (for example, the UK, Switzerland and the Netherlands) and the use of heroin-assisted treatment (HAT) is becoming more common in the region (see table 2.3.1).

Heroin-assisted treatment

Seven Western European countries currently provide pharmaceutical heroin (diacetylmorphine) as maintenance therapy – Denmark, Germany, the Netherlands, Spain, Switzerland, the UK and, most recently, Belgium and Luxembourg (pilot programmes). Randomised controlled trials have found that this practice can reduce drug-related crime and health harms, with researchers concluding that it is both safe and cost-effective.[21] [22]

Antiretroviral therapy (ART)

Western Europe is reported to have the highest regional level of ART coverage among people who inject drugs in the world.[2] Data from thirteen countries (representing 46% of the total estimated HIV-positive injecting population in the region) suggest that eighty-nine in every 100 people living with HIV who inject drugs are receiving ART.[2] National data is not available for every country, however, coverage varies widely: from Andorra (1 person) to Germany (3,000) to Spain (39,524).

However, the EMCDDA reports that the relatively high numbers of people receiving AIDS diagnoses in Portugal and Spain (8.6 and 8.8 new cases per million population respectively) may indicate that significant numbers of people who inject drugs are not benefiting from ART, possibly due to late diagnosis.[20]

Policy developments for harm reduction

The vast majority of Western European countries include harm reduction in their national policies on HIV and/or drugs. A recent analysis found that at least twelve countries in the region specifically refer to harm reduction in their national drug policies.[h] [23] The authors describe national drug policies across Europe as occupying a 'coordinated and increasingly coherent "middle ground" policy on drugs', accepting harm reduction within a 'recognisably shared approach'.[23]

In international fora, the EU has increasingly spoken with a unified voice on drug policy issues.[23] For example, the EU played a key role in emphasising demand reduction within the negotiations on the new Political Declaration on Drugs at the High Level Segment of the Commission on Narcotic Drugs (CND) in 2009. Although explicit reference to harm reduction was struck from the final agreed text, the vast majority of the Western European delegations signed an 'interpretative statement' indicating their intention to interpret the term 'related support services' contained in the final declaration to include harm reduction services.[24]

g The EMCDDA defines problem drug use as intravenous drug use or long duration/regular drug use of opiates, cocaine and/or amphetamines. Ecstasy and cannabis are not included in this category.

h Belgium, Denmark, Germany, Ireland, Spain, France, Cyprus, Luxembourg, the Netherlands, Portugal, Finland and the UK. There is no national drug policy in Austria, instead policies exist at the provincial level.

At the regional level, the EU's drug strategy and action plan for 2009 to 2012 emphasises harm reduction as a key component within the drug response. On evaluating progress on the previous action plan (2005 to 2008), which also included harm reduction, the European Commission (EC) concluded that 'further improvements are still needed in [the] accessibility, availability and coverage' of harm reduction services across the region.[25] It also highlighted shortcomings of current responses in addressing the needs of subpopulations such as women, young people, migrants and specific ethnic groups.[25]

While European policies in general include an emphasis on a public health approach to drugs, the region-wide consensus on harm reduction has the potential to be weakened. Government changes, financial crises and a continued emphasis on abstinence-based treatment and drug prevention programmes are factors that may cause the consensus to waver. For example, both Sweden and Italy do not include harm reduction in their national drug policies and, on occasion, have been less than supportive of the term in international fora.

NSP and OST appear to be accepted by most European drug policy makers, but a wider interpretation of harm reduction is not accepted by all, with DCRs and heroin prescription remaining the most controversial interventions. There is a continued need for government commitment to evidence-based drug policy in order for Europe to remain securely at the forefront of harm reduction.

Civil society and advocacy developments for harm reduction

Civil society organisations have long been central to harm reduction advocacy in Western Europe and there have been several important developments in this regard. For example, the involvement of civil society representatives on CND delegations has increased. Representatives of the International Network of People Who Use Drugs (INPUD) and the International Harm Reduction Association (IHRA) have been part of the UK delegation in both 2009 and 2010 and a representative of the Transnational Institute was included in the Netherlands delegation in 2009.

Regular national and Europe-wide events bring civil society organisations together to share latest experiences on harm reduction and drug policy. Over the past two years, region-wide events have included the 1st and 2nd Connections Conferences covering 'Drugs, alcohol and criminal justice: Ethics, effectiveness and economics of interventions' and the 2nd General Meeting of the Correlation Network (European Network on Social Exclusion and Health).

In July 2009 harm reduction advocates and frontline workers from Spain, France, Italy, Switzerland and the host country, Portugal, gathered for CLAT 5, the fifth Latin harm reduction conference, organised by APDES and Grup Igea.

National events addressing harm reduction are regularly held in several countries across the region. For example, Exchange Supplies hosts annual national conferences on injecting drug use and drug treatment, in Glasgow and London, which have a heavy harm reduction focus.

Although civil society advocates for harm reduction have a voice in many Western European countries, there is a need to strengthen networks and partnerships across countries to facilitate the sharing of information and to inform policy at the national and regional levels. This is particularly important given recent indications of a fragmenting EU common position on harm reduction.

To this end, new networks have been established in recent months, for example EuroHRN, an EC-funded project involving six main partners and three further associate partners across the region. IHRA acts as the coordinator and secretariat for EuroHRN. The network has three sub-regional hubs covering north, south and east Europe, which will be hosted by Akzept (Germany) and FRG (the Netherlands), APDES (Portugal) and the Eurasian Harm Reduction Network (Lithuania) respectively.

As part of the two-year project, EuroHRN will advocate for harm reduction within Europe; facilitate cross-regional learning on harm reduction; establish the state of harm reduction in Europe, with a particular focus on civil society action; and develop and disseminate best practice models for the meaningful involvement of people who use drugs.

EuroHRN will be officially launched at the Harm Reduction 2010 Conference in Liverpool in April 2010. The conference will also mark the first meeting of the recently formed Western European Network of People Who Use Drugs, which is aligned to INPUD.

Danish Drug Users Union: BrugerForeningen

BrugerForeningen (BF) was set up in 1993 by a group of people who were receiving methadone. Initially it was a drop-in centre and meeting place used by twelve to fourteen people. By 2000, with a new venue and funding from the Ministry of Social Affairs, it had become a network with a membership of approximately 600 people receiving methadone.

BF has worked in close collaboration with the national government. The BF president held a seat on the Danish government's *Narkotikaraadet*, an expert national drug advisory council that operated between 1998 and 2002. BF has also worked with the local police on initiatives such as SyringePatrol, whereby used syringes were collected across Copenhagen.

BF continues to advocate for quality harm reduction services and to support drug users in accessing them. It is currently advocating for an amendment to the strict entry criteria for heroin-assisted treatment, a service introduced in Denmark in early 2010.

Multilaterals and donors: Developments for harm reduction

Most support for harm reduction from multilateral agencies is not targeted towards the high-income countries of this region, but the EC has been an important donor for multi-country and international projects on drugs, including those related to harm reduction. For example, the EC has recently begun funding the Access to Opioid Medication in Europe (ATOME) project, a new consortium of scholars and public health specialists that will work to identify and remove the barriers in Europe preventing people from accessing critical opioid medications. This will include a substantial review of policies and legislation on opioid medicines in twelve European countries.[26] As mentioned above, EuroHRN is also an EC-funded project.

The WHO Regional Office for Europe continues to monitor HIV epidemics across the region, in collaboration with partners such as the European Centre for Disease Prevention and Control. In 2008 the agency released a report monitoring state progress against targets set in the 2004 Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia, which contained a chapter specifically dedicated to people who inject drugs.[19] The progress report found that among the worst implementation gaps were 'instituting harm-reduction programmes and confronting other injecting drug user (IDU) issues.'[19]

Several European governments provide essential funds for harm reduction in low- and middle-income countries. These include the UK Department for International Development, the Netherlands MOFA, NORAD (Norway) GTZ (Germany) and Swedish SIDA.

References

1. Mathers B et al. (2008) for the 2007 Reference Group to the UN on HIV and Injecting Drug Use. Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. *Lancet* 372(9651): 1733–45.
2. Mathers B et al. (2010) HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage. *Lancet* 375(9719): 1014–28.
3. UNAIDS (2009) *AIDS Epidemic Update*. Geneva: UNAIDS.
4. van de Laar MJ et al. (2008) HIV/AIDS surveillance in Europe: Update 2007. *Eurosurveillance* 13(50).
5. Council of the European Union (2004) EU drugs strategy (2005–2012): http://europa.eu/legislation_summaries/justice_freedom_security/combating_drugs/c22569_en.htm (last accessed 8 April 2010).
6. Notices from EU institutions and bodies (2008) EU drugs action plan for 2009–2012. *Official Journal of the European Union* C 326/7.
7. EMCDDA (2009) *Statistical Bulletin 2009*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction, Table HSR: Health and social responses: www.emcdda.europa.eu/stats09/hsr (last accessed 2 April 2010).
8. Mathers et al. (2010) op. cit. Appendix 9.
9. Cook C et al (2010) The diffusion of harm reduction in Europe and beyond, in *Harm Reduction: Evidence, Impacts and Challenges*, ed. Rhodes T and Hedrich D for EMCDDA. Scientific Monograph Series 10. Luxembourg: Publications Office of the European Union.
10. WHO, UNODC, UNAIDS (2009) *Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users*. Geneva: WHO.
11. Hedrich D et al (2008) From margins to mainstream: the evolution of harm reduction responses to problem drug use in Europe. *Drugs: education, prevention and policy* 15: 503–17.
12. Wiessing L et al. (2009) Associations between availability and coverage of HIV-prevention measures and subsequent incidence of diagnosed HIV infection among injection drug users. *American Journal of Public Health* 99 (6):1049–52.
13. Mathers et al. (2010) Improving the data to strengthen the global response to HIV among people who inject drugs. *International Journal of Drug Policy,* 21(2): 100–102
14. Bridge J (2010) Route transition interventions: Potential public health gains from reducing or preventing injecting. *International Journal of Drug Policy* 21(2): 125–8.
15. Personal communication with Berne Stalenkrantz, Chairperson, Swedish Drug Users' Union, 25 March 2010.
16. EMCDDA (2009) Country overview: Sweden: http://www.emcdda.europa.eu/publications/country-overviews/se#pdu (last accessed 2 April 2010).
17. Hedrich D et al. (2010) Drug consumption facilities in Europe and beyond, in *Harm Reduction: Evidence, Impacts and Challenges*, ed. Rhodes T and Hedrich D for EMCCDA. Scientific Monograph Series 10. Luxembourg: Publications Office of the European Union.
18. Mathers B et al. (2010) op. cit. Country Report.
19. WHO EURO and UNAIDS (2008) *Progress on Implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia*. Copenhagen: WHO EURO.
20. EMCDDA (2009) *Annual Report 2009: The State of the Drugs Problem in Europe*. Lisbon: EMCDDA.
21. Haasen C et al. (2007) Heroin assisted treatment for opioid dependence: A randomised, controlled trial. *British Journal of Psychiatry* 191: 55–62.
22. Lintzeris N (2009) Prescription of heroin for the management of heroin dependence: Current status. *CNS Drugs* 23(6): 463–76.
23. MacGregor S and Whiting M (2010) The development of European drug policy and the place of harm reduction within this, in *Harm Reduction: Evidence, Impacts and Challenges*, ed. Rhodes T and Hedrich D for EMCCDA. Scientific Monograph Series 10. Luxembourg: Publications Office of the European Union.
24. Economic and Social Council Official Records (2009) *Supplement No. 8 United Nations Commission on Narcotic Drugs Report on the Fifty-Second Session (14 March 2008 and 11–20 March 2009)*. New York: UN.
25. European Commission (2008) EC staff working document. Accompanying document to the communication from the Commission to the Council and the European Parliament on an EU drugs action plan 2009–2012 – report of the final evaluation of the EU drugs action plan (2005–2008). Brussels: European Community.
26. WHO et al. (2010) Press release: ATOME project aims to improve access to pain medicines across Europe: www.ihra.net/Assets/2441/1/ATOMEPressRelease22022010.pdf (last accessed 3 April 2010).